

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000028888**1. Entity Name
MIAMI SANDS, INC.**Principal Place of Business**1717 NORTH BAY SHORE DRIVE
STE 1245
MIAMI
33132 US**Mailing Address**1717 NORTH BAY SHORE DRIVE
STE 1245
MIAMI
33132 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**65-0828867**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentO'DOWD WILLIAM H
1717 N BAYSHORE DR
STE 1245
MIAMI
33132 FL**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	S	<input type="checkbox"/> Delete
NAME	O WILLIAM IV	
STREET ADDRESS	1717 N BAYSHORE DR #1245	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHANE RICK	
STREET ADDRESS	3599 CAHUENGA BOULEVARD WEST	
CITY-ST-ZIP	LOS ANGELES CA 90068	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KRAMER JON	
STREET ADDRESS	3599 CAHUENGA BOULEVARD WEST	
CITY-ST-ZIP	LOS ANGELES CA 90068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DOWD WILLIAM IV	
STREET ADDRESS	1717 N BAYSHORE DR #1245	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM W. O'DOWD**S****05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)